

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM CMI INTOXILYZER 5000 MAINTENANCE REPORT

RECEIVED

By Carol Day at 10:23 am, Apr 28, 2014

-101 (; 11.x									
Complete this repor Complete this repor Retain the original a	t whenever the insti	rument is service	d or repaired	d and who	enever it is p	olaced into servi	days). ce.		
INTOXILYZER 5000 SN 66005283					DATE OF INSPECTION 04/26/2014				
LOCATION OF INSTRUMEN					TIME OF INSPECTION				
100 Municipal Cir					3:24 pm rating within established limits. (Write in observed values				
where determined.)			-	-	-	established limit	s. (Write in	n observed val	ues
DVM TEST: (.3	50 ± .150)			.29	98				
☑ DIAGNOSTIC	CHECK (PRINTOU	T ATTACHED)		DATE	AND TIME (FROM PRINTO	UT) <u>04/2</u> 6	6/2014 1524	hours
CHARACTER (DISPLAY TEST				,				-
PRINT TEST (PRINTOUT ATTACHED)									
SIMULATOR S	OLUTION SUPPLIE	R Guth Labora	atories		LOT # <u>1</u>	4030	_ EXP. DA	TE <u>01/20/20</u>	16
SIMULATOR TE	MPERATURE (34°	C ± 0.2°C)	34.0	SIM	JLATOR SN	SD2256	EXP. DA	ATE <u>04/22/20</u>	15
Z CALIBRATION	CHECK - (ONLY O	NE STANDARD	IS TO BE U	SED PEF	R MAINTEN	ANCE REPORT)		
Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)									
7 0 100% STA	NDARD - MUST RE	AD BETWEEN	Λ Λ95% ΔΝΓ	0 105%	INCLUSIVE				
. —	NDARD - MUST RE								
	NDARD - MUST RE								
								-	
TEST 1 .101		TEST 2	.100			TEST 3 🖛 .10	2		
PERFORM RFI TEST (PRINTOUT ATTACHED)									
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)									
REFUSALS 2	004 0	.0509	3	.1014	. 3	.1519	0	Over .19	1
LIST ANY NEW PARTS AND (USE OTHER SIDE IF NECE		ON OR MODIFICATION T	HAT WAS MADE	TO RESTORE	THE INSTRUME	NT TO OPERATE SATI	SFACTORILY A	IND WITHIN ESTABL	ISHED LIMITS
Instrument is ope	rating within Depa	artment of Heal	th Guideline	es.					
				1		,	•		
						V 10			'.
	•								,
		ı	,						
INSPECTING OFFI	CER								
SIGNATURE 800 #AIA				Joshua Giacone					
TYPE II PERMIT NUMBER/EXPIRATION DATE 220343 10/10/2014				TELEPHONE NUMBER (816) 331-0530					
RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services									
		Southea	ast District O		•				
			mes Blvd.			•	ī		
		Popiar I	3luff, MO 639	UI					



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14030 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on January 22, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1215% (w/vol) ethyl alcohol. The expiration date for this lot number is January 20, 2016 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

	JECT		

TIME FIRST OBSERVED INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

Emi

THIS SIDE UP. THIS EDGE IN FORM NUMBER 015010

RAYMORE POLICE DEPARTMENT INTOXILYZER — ALCOHOL ANALYZER MO MODEL 5000 SN 66-005283 04/26/2014

TEST		ZBAC		ITUE
AIR	BLANK	. 000	. 1	5:29
CAL.	CHECK	.101		5:29
	BLANK	. 000	1	5:30
CAL.	CHECK	.100		5:30
	BLANK	. 000	1	5:31
CAL.	CHECK	.102		5:31
	BLANK	. 000	1	5:31
1028			Married Add State Co.	

NO RFI PRESENT

THIS SIDE UP, THIS EDGE IN, FORM NUMBER 015010

SN 66-005283 E735.23 INVALID TEST INHIBITED - RFI 04/26/2014 15:36

SUBJECT'S NAME

THE PROT COCEDIES

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

EMI

© 1986 by CMI INC.

State of Missouri DEPARTMENT OF HEALTH



PERMIT TYPE II



JOSHUA GIACONE

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000; ALCO-SENSOR IV W/PRINTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date10/10/2012	when
Number 220343	Director of State Public Health Laboratory
Expires 10/10/2014	Mangast T: Danielly
	Director, Department of Health

MO 580-0771 (7-88)

Lab. 4 (R7-88)



Simulator Calibration Report

This calibration report is to certify the alcohol reference simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance with the standards set by the Missouri Department of Health and Senior Services Rules and Regulations: 19CSR 25-30.051 (4).

Checked: 4/22/2014 Expires: **04/22/2015** Digital Therm. SN:094948

MSC Tech:DRL Temp:33.97 Agency: Raymore Police Dept

SD 2256

Technician Printed Name:

DAN LUCAS

Technician Signature:

Date:

09/24/2019

Contact: Missouri Safety Center

Breath Alcohol Instrument Training Program

660-543-4834